

CLAIMS ONLY						Application Number <i>107376</i>	Filing Date					
						Applicant(s)						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1			X									
2												
3												
4												
5			X									
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48												
49												
50												
Total Indep			9									
Total Depend			18									
Total Claims			22									

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